

RENEWAL APPLICATION

Board of Dentistry 301 South Park
PO Box 200513 Helena MT
59620-0513
E-MAIL: DLIBSDlicensingUnitA@mt.gov
(406) 444-6880

License Number and Check for New Address fields

Indicate any changes below

Name, Address, City, State, Zip Code, Country, E-Mail input fields

Your Montana DENTIST license and/or Anesthesia Permit will lapse on March 1.

TO RENEW ONLINE GO TO: https://ebiz.mt.gov/pol/ (Online transaction must be completed no later than 11:59 PM, MST on the renewal deadline date.)

OR:

- 1) Complete all the information on the renewal application.
2) Include your anesthesia permit fee (if applicable, see below).
3) Include the \$30.00 MPDR fee (if applicable, see below).
4) Read the continuing education attest statement below.
5) In order to maintain an active license you must maintain a "current" CPR/ACLS/PALS card.
6) Answer the disciplinary question at the bottom of the form, sign and date the form.
7) Submit a check or money order for \$306.00 (plus any applicable fees as required below) made payable to the Board of Dentistry.
8) Renewals with a U.S. postal service postmarked after March 1st will be assessed a penalty fee by state law of 100% of the renewal fee increasing the total to \$612.00, plus the anesthesia permit late fee if applicable.
9) Incomplete or unsigned renewal applications will not be processed and WILL BE RETURNED.

I declare under penalty of perjury that all statements are true and that a false statement may lead to license discipline

Mark here if you hold an Anesthesia Permit: Moderate sedation Deep Sedation/General Anesthesia

An additional fee of \$25.00 (\$50 if after March 1st) is required to renew the permit and must be submitted with this renewal form.

MPDR FEE STATEMENT:

All Montana licensees who are authorized to prescribe or dispense controlled substances in Schedules II-V are required to pay a \$30 annual fee for establishing and maintaining the Montana Prescription Drug Registry (MPDR); see Montana Code Ann. Sec. 37-7-1511 (1), effective July 1, 2015, as amended by the Montana Legislature.

I attest that the MPDR Fee does not apply to me (Check here).

CONTINUING EDUCATION: I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by 37-1-306 MCA and ARM 24.138.403, 24.138.514, 24.138.518, 24.138.525, 24.138.2101, 24.138.2102, 24.138.2103, 24.138.2104, 24.138.2105 24.138.2106 and 24.138.3229 and that I may be audited for compliance with these requirements.

CPR/ACLS/PALS REQUIREMENT:

I have a current and unexpired CPR, ACLS or PALS card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement. Check One: ACLS CPR PALS Expiration Date:

HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST?

NO

YES If yes, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT SEND CASH